

LRR/KTS/mdm/(dc)
07/21/05DOCKET NO. 2506 1009-005**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Marvin A. Leedom, Derek D. Mahoney, John M. Margicin, Sam Meytus,
Reuben Q. Zielinski, Frederick Fritz, Michael H. Tardugno, Walter P.
Sjursen and David A. Preves

Application No.: 09/804,978 Group: 2643

Filed: March 13, 2001 Examiner: Ni, Suhan

Confirmation No.: 2623

For: DISPOSABLE MODULAR HEARING AID

| | |
|---|-----------------------|
| CERTIFICATE OF MAILING OR TRANSMISSION | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on: | |
| <u>7/21/05</u> | <u>Denise Caredeo</u> |
| Date | Signature |
| <u>Denise Caredeo</u> | |
| Typed or printed name of person signing certificate | |

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

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The claims fee has been calculated as shown below:

| | | | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
|--|----------------------------------|----------|---------------------------------|---------------|--------------|------------|-------------------------|-------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL | 38 | MINUS * | 38 | 0 | X \$25 | \$ | | X \$50 | \$ 0 |
| INDEP | 8 | MINUS ** | 8 | 0 | X \$100 | \$ | | X \$200 | \$ 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$180 | \$ | | + \$360 | \$ |
| | | | | | TOTAL= \$ 0 | | | TOTAL= \$ 0 | |

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

| | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | Payment Sufficient for up to [] Sheets |
|---|---|---|--------------|-------------------|-------------------------|-------------------|--|
| Actual Sheets (Including current amendment) | Highest No. of Sheets Paid For (At least 100) | No of Additional Units Required (Increments of 50 sheets) | Rate | Total Amount Owed | Rate | Total Amount Owed | |
| | | | X \$125 | \$[] | X \$250 | \$[] | |

Petition for Extension of Time

- [] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- [X] The undersigned attorney petitions the Commissioner for Patents to extend the time for filing a Notice of Appeal in reply to the Office Action made Final dated January 21, 2005 for three months, from April 21, 2005 to July 21, 2005 under 37 C.F.R. § 1.136(a).

In lieu of filing a Notice of Appeal, Applicants' Attorney is filing a Request for Continued Examination concurrently herewith.

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Please charge Deposit Account No. 08-0380 for the following fees:

| | | | |
|-------------------------------------|--|----|------|
| <input checked="" type="checkbox"/> | Petition for three month Extension of Time | \$ | 1020 |
| <input type="checkbox"/> | Claims Fee | \$ | |
| <input type="checkbox"/> | Application Size Fee | \$ | |
| <input checked="" type="checkbox"/> | Other Fees: | | |
| | <u>Request for Continued Examination (RCE)</u> | \$ | 790 |
| | | \$ | |
| | TOTAL: | \$ | 1810 |

A check is enclosed in payment of the following fees:

| | | |
|--------------------------|---|------------|
| <input type="checkbox"/> | Petition for [] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Claims Fee | \$ _____ |
| <input type="checkbox"/> | Application Size Fee | \$ _____ |
| <input type="checkbox"/> | Other fees: | |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | TOTAL: | \$ _____ 0 |

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: 7/21/05